



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/13/2014

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000114462

INSTALLATION NAME: CUNY HUNTER COLLEGE - MASTERS OF FINE ARTS BUILDING

INSTALLATION ADDRESS : 205 HUDSON ST - FLOORS 1-4
NEW YORK, NY 10013

MAILING ADDRESS : 695 PARK AVE
NEW YORK, NY 10065

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: CUNY HUNTER COLLEGE - MASTERS OF FINE ARTS BUILDING
or Current Occupant
ATTN: RICARDO FRANCO
695 PARK AVE
NEW YORK, NY 10065

(Certified Mail)

OMB# 2050-0024; Expires 12/31/2014

ENVIRONMENTAL PROTECTION
AGENCY REGION II

2013 DEC -2 P 12:20



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

RCRA PROGRAMS
BRANCH

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.			
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>NYR090114462</u>		
3. Site Name	Name: CUNY Hunter College - Masters of Fine Arts Building		
4. Site Location Information	Street Address: <u>205 Hudson</u> <u>FLOORS 1-4</u> City, Town, or Village: <u>New York</u> County: <u>NEW YORK</u> State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>10013</u>		
5. Site Land Type	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>6</u> <u>1</u> <u>1</u> <u>3</u> <u>1</u> C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		
7. Site Mailing Address	Street or P.O. Box: <u>695 Park Ave.</u> City, Town, or Village: <u>New York</u> State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>10065</u>		
8. Site Contact Person	First Name: <u>RICARDO</u> MI: <u> </u> Last: <u>FRANCO</u> Title: <u>Environmental Health and Safety</u> Street or P.O. Box: <u>695 Park Ave.</u> City, Town or Village: <u>New York</u> State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>10065</u> Email: <u>ghauschi@hunter.cuny.edu</u> Phone: <u>212.650 4462</u> Ext.: <u> </u> Fax: <u> </u>		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: <u>PARISH OF TRINITY CHURCH</u> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: <u>50 FULTON STREET</u> City, Town, or Village: <u>NEW YORK</u> Phone: <u>212 233 4164</u> State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>10038</u> B. Name of Site's Operator: <u>CUNY HUNTER COLLEGE</u> Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other Date Became Owner: <u>1929</u> <u>1</u> <u>30</u> <u>28</u> Date Became Operator: <u>9/1/2013</u>		

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 12/2011)

Page 1 of 5

Rec 12/2/13. Called & emailed 12/2/13. On 12/3/13
Mr. Hauschild provided ownership date (R)

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following - a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments sectionY ☐ N ☒**3. United States Importer of Hazardous Waste**Y ☐ N ☒**4. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒**5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university, a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						
D002						
D009						
D008						
F002						
F003						


B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Ricardo Franco Director, Environmental Safety	11/22/2013

**ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY****ONLY fill out this form if:**

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; AND
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- ☐ Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- ☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- ☐ Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in short tons to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

RCRA Site Detail

Report run on: December 12, 2013 - 2:21 PM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

TRINITY REAL ESTATE - 205 HUDSON STREET

NYR000114462

EPA Region:02 Extract:Y County:NEW YORK

State District: NYSDEC R2

Universes	Federal Generator: N	Transporter: N	Operating TSDF: -----	Active: N
	State Generator: 4	Importer: N	Commercial: N	EI Indicator (HE / GW): N / N
	Short Term Generator: N	Mixed Waste Generator: N	HSM: N	IC In Place: N
	Subpart K/College: N	Subpart K/Hospital: N	Subpart K/Non-profit: N	Subpart K/Withdrawal: N

Latitude/Longitude Measure - Owner: 02	Seq #: 1
Geometric Type Code: 001	Horizontal Collection Method: 001
Horizontal Accuracy Measure: 10	Horizontal Reference Datum: 002
Coordinates: 40.723616, -74.007971	Reference Point Code:
	Source Map Scale Numbers:

Receive Date: 01/01/2007 Source Type: Implementer Seq. Number: 2

Location 205 HUDSON ST
Address: NEW YORK, NY 10013

Mailing 205 HUDSON ST
Address: NEW YORK, NY 10013
UNITED STATES

Contact Person JOSEPH T. PALOMBI 205 HUDSON ST
For Source (212) 602-0867 NEW YORK, NY 10013
Information UNITED STATES

Owner (current) 74 TRINITY PLACE Type: Private
PARISH OF TRINITY CHURCH NEW YORK, NY 10006
From: 03/26/2003 To: NEW YORK Phone: (212) 602-0844

Operator (current) 205 HUDSON ST Type: Private
TRINITY REAL ESTATE - 205 HUDSON STREET NEW YORK, NY 10013
From: 03/26/2003 To: NEW YORK Phone: (212) 602-0867

Land Type: Private Non Notifier: No TSD Date: Accessibility:

NAICS Codes: 53139 OTHER ACTIVITIES RELATED TO REAL ESTATE

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: NY-4 Not a Generator

Other Hazardous Waste Generator Activities

Short Term Generator:	No
Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	No
Transfer Facility:	No
TSD Activity:	No
Recycler Activity:	No
Off-Site Receipt:	No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	No
Smelting, Melting, Refining Furnace Exemption:	No

Underground Injection Control: No

Destination Facility for Universal Waste: No

Used Oil Activities

Used Oil Transporter Activity	Off-Specification Used Oil Burner:	No
Transporter: No	Used Oil Fuel Marketer Activity	
Transfer Facility: No	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
Processor: No		
Refiner: No		

Subpart K

College/University:	No	Non-profit Research Institute:	No
Teaching Hospital:	No	Withdrawal:	No

RCRA Site Detail

Report run on: December 12, 2013 - 2:21 PM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

Receive Date: 01/01/2006	Source Type: Implementer	Seq. Number: 1
Location 205 HUDSON ST Address: NEW YORK, NY 10013	Mailing 205 HUDSON ST Address: NEW YORK, NY 10013 UNITED STATES	

Contact Person JOSEPH T. PALOMBI 205 HUDSON ST
 For Source (212) 602-0867 NEW YORK, NY 10013
 Information UNITED STATES

Land Type: Private Non Notifier: No TSD Date: Accessibility:

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State: NY-4 Not a Generator

Other Hazardous Waste Generator Activities

Short Term Generator:	No
Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	No
Transfer Facility:	No
TSD Activity:	No
Recycler Activity:	No
Off-Site Receipt:	No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	No
Smelting, Melting, Refining Furnace Exemption:	No
Underground Injection Control:	No
Destination Facility for Universal Waste:	No

Used Oil Activities

Used Oil Transporter Activity	Off-Specification Used Oil Burner:	No
Transporter:	No	
Transfer Facility:	No	
Used Oil Processor and/or Re-refiner Activity	Used Oil Fuel Marketer Activity	
Processor:	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Refiner:	Marketer who first claims the used oil meets the specifications:	No

Subpart K

College/University:	No	Non-profit Research Institute:	No
Teaching Hospital:	No	Withdrawal:	No

RCRA Site Detail

Report run on: December 12, 2013 - 2:21 PM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

Receive Date: 03/26/2003		Source Type: Notification	Seq. Number: 1
Location 205 HUDSON ST Address: NEW YORK, NY 10013		Mailing 205 HUDSON ST Address: NEW YORK, NY 10013 UNITED STATES	

Contact Person JOSEPH T. PALOMBI 74 TRINITY PLACE
 For Source (212) 602-0867 NEW YORK, NY 10006
 Information UNITED STATES

Owner (current) 74 TRINITY PLACE Type: Private
 PARISH OF TRINITY CHURCH NEW YORK, NY 10006
 From: 03/26/2003 To: NEW YORK Phone: (212) 602-0844

Operator (current) 205 HUDSON ST Type: Private
 TRINITY REAL ESTATE - 205 HUDSON STREET NEW YORK, NY 10013
 From: 03/26/2003 To: NEW YORK Phone: (212) 602-0867

Land Type: Private Non Notifier: No TSD Date: Accessibility:

NAICS Codes: 53139 OTHER ACTIVITIES RELATED TO REAL ESTATE

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: 02-4 Not a Generator

Other Hazardous Waste Generator Activities

Short Term Generator: No
 Importer Activity: No
 Mixed Waste Generator: No
 Transporter Activity: No
 Transfer Facility: No
 TSD Activity: No
 Recycler Activity: No
 Off-Site Receipt: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: No
 Smelting, Melting, Refining Furnace Exemption: No

Underground Injection Control: No

Destination Facility for Universal Waste: No

Used Oil Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Transporter: No
 Transfer Facility: No

Used Oil Processor and/or Re-refiner Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: No

Processor: No
 Refiner: No Marketer who first claims the used oil meets the specifications: No

Subpart K

College/University: No Non-profit Research Institute: No
 Teaching Hospital: No Withdrawal: No

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D001

* End of Report *



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

04/14/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NYR000114462
INSTALLATION NAME	TRINITY REAL ESTATE - 205 HUDSON STREET
INSTALLATION ADDRESS	205 HUDSON ST NEW YORK, NY 10013
MAILING ADDRESS	205 HUDSON ST NEW YORK, NY 10013

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: TRINITY REAL ESTATE - 205 HUDSON STREET
or Current Occupant
ATTN: JOSEPH PALOMBI
74 TRINITY PLACE
NEW YORK, NY 10006**

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only) 2:00

RCRA PROGRAMS
BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification

☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NYR0000114462

II. Name of Installation (Include company and specific site name)

205 Hudson Street

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

205 Hudson Street

Street (Continued)

City or Town

New York

State

NY

Zip Code

10013-

County Code

061

County Name

Manhattan

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

NY

Zip Code

10006-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

PALOMBI

(First)

JOSEPH

Job Title

EXEC. VICE PRES.

Phone Number (Area Code and Number)

212-602-0867

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

☐
☒

B. Street or P.O. Box

74 Trinity Place

City or Town

New York

State

NY

Zip Code

10006-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Parish of Trinity Church

Street, P.O. Box, or Route Number

74 Trinity Place

City or Town

New York

State

NY

Zip Code

10006-

Phone Number (Area Code and Number)

212-602-0844

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

☒

No

Month

Day

Year

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0026 Expires 12/31/02
GSA No. 0246-EPA-0T

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

C. Used Oil Management Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 D 0 0 1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See Instructions if you need to list more than 4 toxicity characteristic waste codes.)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 D 0 0 1

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

MAR 26 PM 12:00
EPA REGION II
OFFICE OF PUBLIC AFFAIRS
NEW YORK, NY

ENVIRONMENTAL PROTECTION
AGENCY, REGION II

2003 MAR 26 PM 12:00

RCRA PROGRAMS
BRANCH[illegible]

212-637-4106

☐ Diskettes[illegible]☐ FOR BIDS DUE _____ 19____

SIGNED EPA GENERATOR ID NUMBER APPLICATION FORM FOR THE WORK
AT 205 HUDSON STREET.

212-602-0844

If enclosures are not as noted, kindly notify us at once.